

## Town of North Hempstead

## Department of Building Safety Inspection and Enforcement

210 Plandome Road, Manhasset, NY 11030-2327 Tel. (516) 869-6311 Fax. (516) 869-7662

## PLUMBING PERMIT REQUIREMENTS AND CHECKLIST

(pursuant to Chapter 2 of the Town Code)

Completed Application Form in triplicate Original notarized contractor signature on each copy Original notarized contractor signature on each copy (not req. for a legalization to "maintain" plumbing, unless gas appliances and/or gas piping is involved, in which case a licensed plumber is required. 2 copies of the property survey showing all existing conditions Contractor's name, address, phone number and license # or Nassau County Home Improvement License #. All applicable insurance forms must be attached- see back page and/or ask us if you have any insurance questions before attempting to file this permit. We need W/C, Disability, Liability and a copy of your License.  PLUMBING APPLICATIONS (must be notarized by a licensed plumber) 2 copies of a plumbing riser diagram with size of pipes attached – matches any architectural drawings and fixture count on back of form Fixtures checked on back of forms Provide estimated cost where indicated.  SPRINKLER APPLICATIONS (must be notarized by a sprinkler contractor) A set of plans 8 same set of plans signed off by the Fire Marshal and presented towards the end of job Plandiagrams for the specific scope of work Provide estimated cost where indicated.  DRAINAGE APPLICATIONS (must be notarized by excavation contractor) Site plan (survey required w/ setbacks to legalize) showing location of drywells and distances from property lines and structures and approximate locations of pipes leading to drywells Sections of drywells showing size (drawings and calculations must be signed & sealed by an engineer or architect or landscape architect Calculations showing that drywalls meet Town of North Hempstead storm water retention req. Provide estimated cost where indicated  SEPTIC/CESSPOOL APPLICATIONS (must be notarized by excavation contractor) Site plan showing location of septic, cesspool, leaching pools and distances from property lines and structures Sections of septic and leaching pools showing size (Please provide total number of bedrooms in home) Provide estimated cost where	ALL APPLICA	TIONS
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FUEL TANKS (must be notarized by contractor)	FUEL TANKS	(must be notarized by contractor)
Site plan (survey required w/ setbacks to legalize) showing location of outside tanks to be removed or installed		
Fuel Oil Tank Removal, Abandonment or Installation form		
Nassau County Department of Health form as needed		

NOTE: A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH DIFFERENT CONTRACTOR PERFORMING WORK AT THE SITE.

### **TOWN OF NORTH HEMPSTEAD**

#### INSURANCE AND LICENSE REQUIRMENTS FOR A PERMIT

The Town of North Hempstead, Nassau County, and the State of New York, require that **NO** building permit may be issued until all current insurances and license information is presented for each permit.

FOR ALL CONTRACTORS: BEFORE EACH PERMIT CAN BE ISSUED), we require a copy of your current Nassau County Home Improvement License (this Nassau license is not necessary for commercial jobs or new home construction). Plumbers or Electricians need a copy of their current license. Proof of Insurance shall be submitted by all contractors, as follows: (a) Proof of Commercial General Liability insurance with completed operations (plus X.C.U. when applicable), to which the Town of North Hempstead has been added as additional insured; (b) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 57 (2) evidencing proof of workers' compensation insurance or proof of the applicant not being required to secure same; and (c) Certificates or affidavits approved by the State Workers' Compensation Board pursuant to State Workers' Compensation Law § 220 evidencing proof of disability benefits insurance or proof of applicant not being required to secure same.

**STAND-ALONE PERMITS** (such as plumbing, signs, fences, trees, etc; (any work not connected to a building permit), where there is a short review process must have all insurances attached at time of application submittal, or they will not be accepted). Explanation: Although the Town keeps computer records, records do not always reflect current coverage, so we require copies of all insurances at time of permit application to prevent any unnecessary delays. For submittals that will take longer to review (such as an addition, alteration, or new home), insurances don't have to be submitted until just before a permit is issued.

**HVAC PERMITS** will only be issued to companies, individuals, or plumber's that hold a Nassau County General Contractors License or a Nassau County Home Improvement License that includes HVAC work. A Nassau County license that states "Air Conditioning" or "Heating & Air Conditioning" is fine. We will be glad to check with Nassau County if there is a question as to coverage for HVAC work.

A HOMEOWNER can serve as his own GC on some work if it is only in the home that he currently occupies, using a BP-1 form.

A homeowner may also do plumbing work (except any gas related work) on his owner occupied home as well, but must first take a competency test we can provide upon request.

For a Demolition permit, a Nassau County Home Improvement License is required unless the entire foundation is removed and a NEW C/O will be issued.

**Liability** insurance is usually submitted on a standard "Accord" form. Some other forms may be acceptable. (Please note: by New York State Law, we can not accept NYS Disability and NYS Worker's Compensation coverage on the Acord form). What we can accept is stated below:

#### NEW YORK STATE INSURANCE REQUIREMENTS - General Municipal Law §125, WCL §57 & §220

The Workers' Compensation Law requires that before a New York State or municipal agency, department, board, commission or office issues any permit or license, they must be provided with the completed forms as shown below prior to permit issuance. This applies to all businesses with employees.

- 1) Form BP-1 (12/08) Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance Coverage for a 1, 2, 3 or 4 Family, <u>Owner occupied Residence</u> (This is the **ONLY** form available from the Town of North Hempstead). This form is used by a homeowner who will be doing most of the permit work himself, with no or minimal assistance of up to a total of 40 man-hours per week. This form must be signed and notarized.
- **2)** Form CE-200 from Group A attesting to no need for either or both Workers Compensation and Disability Benefits Coverage (Note: If the CE-200 form does not exclude BOTH Workers Compensation and Disability Benefits Coverage you must supply a form from Group B and/or C that proves you have the coverage not exempted by the CE-200). This CE-200 form must be submitted with a specific site address for each permit, and the expected duration of the job. The form must have an original signature and date. No copies of this form will be accepted. If the CE-200 is not used or only partially used, then see #3 below
- A form from either or both Group B and Group C (which has not been exempted by the CE-200 form).

#### The ONLY ACEPTABLE forms are as follows:

Group	Form No.	Description
CE-200  Certificate of Attestation For New York Entities With No Employees and Certain Out of State Entity New York State Worker's Compensation and/or Disability Benefits Insurance Coverage is Not R  C-105.2 (9-07)  Certificate of Worker's Compensation Insurance  B SI-12 (10/03)  Certificate of Worker's Compensation Self Insurance  Certificate of Participation in Worker's Compensation Group Self Insurance  B U-26.3  New York State Insurance Fund Certificate of Work's Compensation Insurance (For demolition was form must state that demolition coverage is included)  C DB-120.1 (5/06)  Certificate of Disability Benefits Insurance		
В	C-105.2 (9-07)	Certificate of Worker's Compensation Insurance
В	SI-12 (10/03)	Certificate of Worker's Compensation Self Insurance
В	GSI-105.2 (2/02)	Certificate of Participation in Worker's Compensation Group Self Insurance
В	U-26.3	New York State Insurance Fund Certificate of Work's Compensation Insurance (For demolition work, this form <u>must</u> state that demolition coverage is included)
С	DB-120.1 (5/06)	Certificate of Disability Benefits Insurance
С	DB-155 (1/98)	Certificate of Disability Benefits Self-Insurance

Effective September 9, 2007, all out-of-state employers with employees working in New York State are required to carry a full, statutory New York State workers' compensation insurance policy. An employer has a full, statutory New York State workers' compensation insurance policy when New York is listed in Item "3A" on the Information Page of the employer's workers' compensation insurance policy. It may be appropriate to contact your insurance broker, carrier or agent, check with your trade association, or conduct additional research to find the most appropriate insurance coverage for your company. In addition, a New York State workers' compensation policy may be obtained from the New York State Insurance Fund by calling 1-888-875-5790 and a disability benefits insurance policy may be obtained from the New York State Insurance Fund by calling 1-866-697-4332.



### **Town of North Hempstead Department of Building and Safety Inspection and Enforcement**

210 Plandome Road, Manhasset, NY 11030-2327 Tel. (516) 869-6311 Fax. (516) 869-7662 www.northhempsteadny.gov

Zone:	Application Number:
	Permit Number:
Maintain: Y[]N[]	Bldg Permit Number:

5111		CATION FOR PE		N/A G
PLU	MBING, HEATING, DF  Issued Pursuant to §2	RAINAGE, SEWAGI 2-9 of the Code of the Town of		IVAC
Residence [ ]	Commercial [ ]	New Building [	] Addition [	Repair [ ]
Plumbing [ ]	HVAC [ ]	Sprinkler [	] Drainage [	Gas Piping [
Section:	Block: Lot	(s):	Date	:
	etivity:	•		eZip
Owner's Information: Last Name: Corporation Name:	<u>:</u> 	First Name:		
		=		State Zip
Contractor's Info: ( Last Name:	Cell #:	Contractor ()Spr First Name:	inkler Contractor (	) Drainage Contractor
•				
Tel #:	Cell #:	E-ma	ail:	
enter upon the pr 2) Permit shall expir be started until po work prior to the	ermit the Plumbing Inspect remises in the discharge of re three (3) months from the ermit has been received and receipt and posting of the C and the fee schedule of t	f their duties with this a ne date of issuance <b>un</b> nd posted by the owne permit will result in the	application.  less construction is in  r/applicant/plumber. Consistent of quadrup	n progress. No work is to ommencement of any
<ul> <li>3) Plumbing Inspect continue until suc</li> <li>4) Contractor shall to 1 certify that all in</li> </ul>	tor shall be given a minimuch inspection has been con be responsible to arrange to stallations will be in accord	um of 72 hours notice impleted and approved for all required inspect dance with the Code o	to make the required ins ions. f the Town of North Hen	spection and no work shall mpstead and the New than 0.2% lead, according
	full knowledge that the Bund information contained h		d the Town of North Hen	npstead rely upon the
in the State of, that Section Block North Hempstead; that I/v premises will be done in a familiar and that he/she h his/her behalf.	(Property Owner) de at he/she is the owner in fe Lot(s) s we have read and understate accordance with the appropereby names the contracte	ee of all certain lots, particulated, lying and being and items 1 through 5 wed application and actor listed below as his/h	arcels of land shown on ig within the unincorpora as herein stated, that th ecompanying plans, of w her representative to file	the attached survey ated area of the Town of the work to be done on the which he/she is totally this application on
	ay of, 20			
Sworn to me tris Da	ay 01, 20	Sworn to me th	13Day 01	, ∠U

Signature of Notary Public \_\_\_\_\_ Signature of Notary Public \_\_\_\_

FIXTURE TYPE	Locat	tion			Insp. Date		Yd	В	1	2	3	Rf	Cost	
Location	В	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>		# Ft Gas Piping – lf/cost								
Water Closet						HVAC Units								Ī
Lavatories						HVAC ductwork – cost								
Bathtub						Furnace Gas/Oil								
Shower						Boiler Gas/Oil								
Bidet						H/W Heater Gas/Oil								
Urinal						Indirect Storage Tanks								
Kitchen Sink						Stove								
Sink Other						Oven								
Grease Trap						Range (Counter Range)								
Indirect Wastes						Dryer								
Dishwasher						Generator								
Laundry Tub						Gas Fire Place								
Washing Machine						Pool Heater								
Sprinkler Heads						Barbeque								
Roof Drains						Steamer								
Floor Drains						Roof Top Heater								
Drinking Fountain / Water Cooler						Unit Heater								
Est. Plumb. Cost			1			Infrared Heater								
INFRASTRUCTURE	Indica	nte quan	tity & co	ost										
Sewer														
Septic/Cesspool														
Leeching Pools														Ī
Drywells														
Main Water Service														T
Fuel Tank # and Size														
<ul> <li>Schematic</li> <li>Sprinkler d</li> <li>Site plan at be located</li> <li>Sewer appl</li> <li>Application appliance.</li> <li>Town Fuel</li> </ul>	riser d piping rawing nd surv nd surv in the ication ns for g	iagram plan i ps are n vey rec vey illu require n shall gas app	n requin llustrat require quired f instration ed mini include pliance	ting lend of for sport dry	igth of pipe run: prinkler permits wells, cesspools tion of exterior tide or rear yard it from county of be accompanie	plumbing permit. s required for gas piping and must include fire may and grease trap permits placed equipment require or in any front yard. or local sewer authority and by gas piping riser diagnallation form, Nassau Coeplacement dependent on	arshal  d for  nd hig  ram u	's app HVA ghway inless Depar	C perm perm direc	mit. I nit/roa t repla	id ope aceme	ning p	permit.	
					FOR O	FFICE USE ONLY								

NOT VALID UNTIL STAMPED APPROVED BELOW THIS LINE

No. Gas Appliances:\_

No. Fixtures:\_



# **Town of North Hempstead**

**Department of Building and Safety Inspection and Enforcement** 

210 Plandome Road, Manhasset, NY 11030-2327 Tel. (516) 869-6311 Fax. (516) 869-7662 www.northhempsteadny.gov

Zone:	Application Number:
	Permit Number:
Maintain: Y[]N[]	Bldg Permit Number:

PLUMBIN	NG, HEATING, DRA	TION FOR PERMIT: NAGE, SEWAGE DISI of the Code of the Town of North H		
Residence [ ]	Commercial [ ]	New Building [ ]	Addition [ ]	Repair [
Plumbing [ ]	HVAC [ ]	Sprinkler [ ]	Drainage [ ]	Gas Piping [
Section: Block	k: Lot (s	):	Date:	
Address of Permit Activity	<u>/:</u>			
Address:		City	State	Zip
Cross Street:				
Owner's Information:				
Last Name:	Fin	st Name:		
Corporation Name:				
Address:		City	State	Zip
Tel #:	_ Cell #:	E-mail:		
Contractor's Info: ( ) Plu	umber ()HVAC Co	ntractor ( ) Sprinkler	Contractor ()Draiı	nage Contractor
Last Name:	• •	. , .	• •	<b>3</b>
Corporation Name:				
Address:				
Tel #:				
I (we) hereby certify that:				
enter upon the premise 2) Permit shall expire thre be started until permit I work prior to the receip to Section 2-28 C and t 3) Plumbing Inspector sha continue until such insp 4) Contractor shall be res 5) I certify that all installat	es in the discharge of the ee (3) months from the en eas been received and et and posting of the perthe fee schedule of the eall be given a minimum prection has been compronsible to arrange for ions will be in accordant.	and any officer or employed eir duties with this applicated the of issuance unless content by the owner/applicated the issuance unless content will result in the assest Code of the Town of North of 72 hours notice to make the tend and approved. The all required inspections are with the Code of the Town of the solder composition and the solder composition of the solder composition	tion.  onstruction is in progreant/plumber. Commen sment of quadruple fee hempstead.  e the required inspection of North Hempstead.	ess. No work is to cement of any penalties pursuant in and no work shall d and the New
I submit this affidavit with full kr truth of the statements and info			own of North Hempstead	d rely upon the
in the State of, that he/s Section Block North Hempstead; that I/we have premises will be done in accord familiar and that he/she hereby his/her behalf. Signature of Owner Day of	she is the owner in fee of Lot(s) situle we read and understand dance with the approved names the contractor I	ated, lying and being withing litems 1 through 5 as here application and accompainted below as his/her rep  Signature of Licensed	of land shown on the attain the unincorporated are ein stated, that the work anying plans, of which he resentative to file this ap	ached survey ea of the Town of to be done on the e/she is totally eplication on
Day of _			_ = =, =.	,

FIXTURE TYPE	Locat	tion			Insp. Date		Yd	В	1	2	3	Rf	Cost	
Location	В	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>		# Ft Gas Piping – lf/cost								
Water Closet						HVAC Units								Ī
Lavatories						HVAC ductwork – cost								
Bathtub						Furnace Gas/Oil								
Shower						Boiler Gas/Oil								
Bidet						H/W Heater Gas/Oil								
Urinal						Indirect Storage Tanks								
Kitchen Sink						Stove								
Sink Other						Oven								
Grease Trap						Range (Counter Range)								
Indirect Wastes						Dryer								
Dishwasher						Generator								
Laundry Tub						Gas Fire Place								
Washing Machine						Pool Heater								
Sprinkler Heads						Barbeque								
Roof Drains						Steamer								
Floor Drains						Roof Top Heater								
Drinking Fountain / Water Cooler						Unit Heater								
Est. Plumb. Cost			1			Infrared Heater								
INFRASTRUCTURE	Indica	nte quan	tity & co	ost										
Sewer														
Septic/Cesspool														
Leeching Pools														Ī
Drywells														
Main Water Service														T
Fuel Tank # and Size														
<ul> <li>Schematic</li> <li>Sprinkler d</li> <li>Site plan at be located</li> <li>Sewer appl</li> <li>Application appliance.</li> <li>Town Fuel</li> </ul>	riser d piping rawing nd surv nd surv in the ication ns for g	iagram plan i ps are n vey rec vey illu require n shall gas app	n requin llustrat require quired f instration ed mini include pliance	ting lend of for sport dry	igth of pipe run: prinkler permits wells, cesspools tion of exterior tide or rear yard it from county of be accompanie	plumbing permit. s required for gas piping and must include fire may and grease trap permits placed equipment require or in any front yard. or local sewer authority and by gas piping riser diagnallation form, Nassau Coeplacement dependent on	arshal  d for  nd hig  ram u	's app HVA ghway inless Depar	C perm perm direc	mit. I nit/roa t repla	id ope aceme	ning p	permit.	
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### **Town of North Hempstead Department of Building and Safety Inspection and Enforcement**

210 Plandome Road, Manhasset, NY 11030-2327 Tel. (516) 869-6311 Fax. (516) 869-7662 www.northhempsteadny.gov

Zone:	Application Number:
	Permit Number:
Maintain: Y [ ] N [ ]	Bldg Permit Number:

		ICATION FOR PE			
PLUMB		<b>RAINAGE, SEWAG</b> §2-9 of the Code of the Town of			C
Residence [ ]	Commercial [ ]		_		Repair [
Plumbing [ ]	HVAC [ ]	Sprinkler [	]	Drainage [ ]	Gas Piping [
Section: Blo	ck: Lo	t (s):		Date:	
Address of Permit Activ		City		State	Zip
Owner's Information:					
Last Name:		First Name:			
Corporation Name:					-
Address:					Zip
Tel #:	Cell #:	E-m	ail:		
Contractor's Info: ( ) F	Plumber ( )HVAC	Contractor ( ) Spr	inkler Cont	ractor ( )D	rainage Contractor
Last Name:		. , .		, ,	_
Corporation Name:					
Address:					
Tel #:					
I (we) hereby certify that:					
. , , , , , , , , , , , , , , , , , , ,	t the Plumbing Inspe	ctor and any officer or e	employee of	the Town of No	rth Hemostead to
enter upon the premi 2) Permit shall expire th be started until perm work prior to the rece to Section 2-28 C and 3) Plumbing Inspector s continue until such in 4) Contractor shall be re 5) I certify that all install	ses in the discharge of the (3) months from the distribution of th	of their duties with this the date of issuance <b>ur</b> and posted by the owner permit will result in the the Code of the Towner and for the Towner and the Code of the C	application.  Iless construction  a assessment of North Here to make the l.  tions.  of the Town of	ruction is in proportion of quadruple for the proportion of quadruple for the proportion of North Hemps	pagress. No work is to nencement of any ee penalties pursuant ation and no work shall tread and the New
I submit this affidavit with full truth of the statements and in	formation contained	herein.			
in the State of, that he Section Block North Hempstead; that I/we he premises will be done in accordamiliar and that he/she here his/her behalf.  Signature of Owner Day or Day or Day or	e/she is the owner in the Lot(s) Lot(s) nave read and undersordance with the appropriate contractions.	situated, lying and beint stand items 1 through 5 oved application and a stor listed below as his/	arcels of landing within the as herein st companying her represer	d shown on the unincorporated ated, that the wg plans, of whic tative to file this nber/Contractor	attached survey area of the Town of ork to be done on the h he/she is totally application on
Signature of Notary Public					

FIXTURE TYPE	Locat	ion			Insp. Date		Yd	В	1	2	3	Rf	Cost	
Location	В	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>		# Ft Gas Piping – lf/cost								Ī
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Indirect Wastes						Dryer								
Dishwasher						Generator								
Laundry Tub						Gas Fire Place								
Washing Machine						Pool Heater								
Sprinkler Heads						Barbeque								
Roof Drains						Steamer								Ī
Floor Drains						Roof Top Heater								
Drinking Fountain / Water Cooler						Unit Heater								Ī
Est. Plumb. Cost		<u> </u>				Infrared Heater								
INFRASTRUCTURE	Indica	ite quan	tity & co	st										Ī
Sewer														Ī
Septic/Cesspool														1
Leeching Pools														1
Drywells														1
Main Water Service														t
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